



2015

VIRGINIA ENTERPRISE ZONE GRANT PROGRAM  
Job Creation Grant Qualification Form

Form EZ-JCG

Please read the 2015 Job Creation Grant Instruction Manual before completing this form.

PART I: BACKGROUND INFORMATION

1. Business Firm Legal Name		2. Trading Name, if Different than Legal Name		3. Date Bus. began Operation in Zone / /	
4. Federal Employment ID # (FEIN)			5. Activity # (First three digits of the NAICS. See Instruction Manual.)		
6. Physical Address of Zone Establishment				Town/County/City	
7. Type of Application <input type="checkbox"/> Standard  <input type="checkbox"/> High Unemployment Area (HUA)		8. Type of Job Creation Made by the Applicant <input type="checkbox"/> Expansion of an existing firm <input type="checkbox"/> New firm (Start Up) <input type="checkbox"/> Relocation of a firm from outside Virginia <input type="checkbox"/> Relocation and expansion of a firm within Virginia City/County Relocated from within Virginia: <i>Note: Firms are not eligible to apply for the JCG if simultaneously closing a facility in Virginia</i>			
9. Federal Employment ID# (FEIN) of Parent Company			10. If the Firm is a Subsidiary, Name of the Parent Company		
11. Zone Name		12. Zone #	13. Zone Designation Date / /	14. Name of Local Zone Administrator	
15. Signature of Local Zone Administrator verifying that physical address listed on EZ-JCG Part I item 6 is in the enterprise zone identified in item 11 above and if marked as an HUA application, is eligible to be processed as such.  Date					

PART II: QUALIFICATION INFORMATION

In order to calculate the number of grant eligible employees and determine the applicable grant amount, please complete the **JCG Worksheet** prior to completing this section. Values from the **JCG Worksheet** should be used to complete #4 and #5 below. This is **NOT** the correct form for HUA localities.

1. Grant is requested for **Calendar Year** \_\_\_\_\_ (YYYY). 2. Check Qualification Year.  YR 1  YR 2  YR 3  YR 4  YR 5

3. **Base Year** used by the business firm \_\_\_\_\_ (YYYY). *The base year remains the same for the five years of qualification.*

4. **Grant Eligible Positions** (Net new positions over four job threshold; Note: PFTPs = Permanent full-time positions.)

All documented jobs must exclude part-time and temporary positions, as well as positions in retail, food and beverage, and [personal services](#).

A. # of all equivalent PFTPs filled by the firm during the BASE year. (Sheet 2 of JCG Worksheet, Cell B3). ▪ If applying for Years 2-5, this cell should be the same as submitted on the Year 1 application.	A.
B. # of all equivalent PFTPs filled by the firm during the GRANT year. (Sheet 2 of JCG Worksheet, Cell B4).	B.
C. Increase in the # of equivalent PFTPs created over the base year. Subtract line (A) from line (B).	C.
D. Net new jobs created over four net new job threshold. Subtract 4 from line (C). ▪ If line (C) is equal to or less than 4, the firm will not qualify for the JCG.	D.

5. Grant Eligible Employees with Qualifying Wage Rates and Health Benefits

E. New eligible PFTPs filled in the Grant Year, earning at least 200% of the Federal Minimum Wage w/ health care benefits (JCG worksheet: Sheet 2, Cell B5)	E.
F. New eligible PFTPs filled in Grant Year earning at least 175% of the Federal Minimum Wage w/ health care benefits (JCG worksheet: Sheet 2, Cell B6)	F.
G. Number of new grant year PFTPs meeting wage and health benefits requirements. (Sum of lines E and F)	G.

**Calculation of Grants:** Firms cannot receive grants for more than the net new PFTPs over the four job threshold (Part II, 4D).

**When line D is greater than line G...** Use numbers on lines E and F to calculate the grant amounts on line 6A and 6B.

**When line G is greater than line D...**

- **If line E = 0:** Multiply line D by \$500 and enter total on line 6B and "0" on line 6A.
- **If line F = 0:** Multiply line D by \$800 and enter total on line 6A and "0" on line 6B.
- **If values on both line E and F:**
  - If E is less than line D, multiply line E by \$800 and enter total on line 6A. Then subtract line E from line D and multiply by \$500. Enter total on line 6B.
  - If line E is greater than line D, multiply line D by \$800 and enter total on line 6A, and "0" on line 6B.

6. **Grant Requests**

<b>A. Requested JCG award for PFTPs earning at least 200% of the Federal Minimum Wage w/ health care benefits</b> ▪ Using procedures from page 1, multiply appropriate number by \$800	A. \$
<b>B. Requested JCG award for PFTP earning at least 150% of federal minimum wage (but less than 200% of the Federal minimum wage) w/ health care benefits.</b> ▪ Using procedures from page 1, multiply appropriate number by \$500	B. \$
<b>C. Total amount of job creation grants requested.</b> ▪ Add lines A and B.	C. \$

7. I used DHCD's Standard JCG Worksheet template to complete this application.  Yes  No8. I have reviewed the CPA Attestation Report and have addressed any deficiencies noted in the report.  Yes  No9. This application has been submitted electronically. 10. I have NOT used an average wage or final wage to represent the annual wage rate of an employee. **PART III: CONTACT INFORMATION**

<b>1. Name of Grant Applicant Representative</b>					
Prefix (Mr., Ms., Dr.)	First Name	Last Name	Title	Daytime Phone # ( ) -	E-mail Address
Principal Mailing Address (Grant correspondence will be mailed to this address)			City	State	Zip Code
<b>2. Certified Public Accountant (Preparer of Required Attestation Report)</b> ▪ If the firm is exempt from the CPA attestation due to the size of the firm and the number of new employees, please enter "Not Applicable" and 0's for the phone number, license number, and zip code.					
Name of Certified Public Accountant		VA License #	Daytime Phone # ( ) -	Email Address	
3. Accounting Firm	Street Address		City	State	Zip Code

**Part IV: DECLARATION**

GRANT APPLICANT REPRESENTATIVE: I, the undersigned, on behalf of the firm, declare that I have made the management decisions necessary to complete this form and this form has been examined by me and is an accurate statement. I have disclosed all of the required documentation so that the CPA could perform the agreed-upon procedures established by DHCD. I am authorized to sign on behalf of the applicant firm.

Signature	Typed or Printed Name	Title	Date (MM/DD/YYYY)
-----------	-----------------------	-------	-------------------

**KEEP A COPY OF THIS FORM FOR YOUR RECORDS.** The Department may at any time review qualified zone businesses records related to qualification under this section to assure that information provided in the application process is accurate. Qualified zone businesses shall maintain all documentation regarding qualification for Enterprise Zone Job Creation Grants for at least one year after the final year of their five-year grant period. Job Creation Grants that do not have adequate documentation regarding permanent full-time positions, "report to work" requirements, wage rates and provision of health benefits may be subject to repayment by the qualified zone business.

The application form and final CPA Attestation Report are due **April 1<sup>st</sup>** of the calendar year subsequent to the grant year. Applications submitted by April 1<sup>st</sup> without the required attestation report shall be considered late applications.

Applicants must send original application materials using one of the following mechanisms: 1) United States Postal Service certified mail, return receipt requested and postmarked no later than April 1<sup>st</sup>; 2) UPS, Fed Ex or another services where shipping can be tracked with a shipped date no later than April 1<sup>st</sup>. Hand delivery is accepted but not preferred and must be received by DHCD by the close of business on April 1<sup>st</sup>.

**Enterprise Zone Program**  
**Virginia Department of Housing and Community Development**  
**600 E. Main Street, Suite 300**  
**Richmond, VA 23219**

Any applications submitted without the required CPA Attestation Report form or submitted after the April 1<sup>st</sup> due date but before May 15<sup>th</sup> will be considered late. Such applications will be held until the Department determines that funds remain without the need to prorate on-time grant awards. At such time, the Department will review and process late applications on a first-come, first-served basis.

For questions on completing this application, please contact DHCD at (804) 371-7030 or via email [ezone@dhcd.virginia.gov](mailto:ezone@dhcd.virginia.gov).